



# RED BLOSSOM WELLNESS

Birth and Postpartum Doula, Fitness, and Massage Services

## Previous Birth Experience Questionnaire

Client Name: \_\_\_\_\_ What # pregnancy is this? \_\_\_\_\_ What # birth? \_\_\_\_\_

Baby's First Name: \_\_\_\_\_ Boy or Girl \_\_\_\_\_ What was the baby's weight at birth? \_\_\_\_\_

How was your pregnancy? \_\_\_\_\_

Where and with whom did you have the baby?

Hospital w/ OB                      Hospital w/ Midwife                      Birth Center w/ Midwife                      Home w/ Midwife

If your birth was in this town/city, who was your doctor/midwife? \_\_\_\_\_

Who supported you during your labor and birth? Partner    Friend    Doula    Nurse    Midwife    Other

What type of birth was this?    Vaginal    Cesarean (Emergency/Scheduled/Repeat)    VBAC (Vaginal Birth After Cesarean)

Did labor start on its own?    Yes    No                      At how many weeks gestation? \_\_\_\_\_

If labor didn't start on its own, how was labor induced?    Amniotomy                      Pitocin                      Prostaglandin (Prepadil, Cervadil)                      Cytotec (Misoprostol)                      Other: \_\_\_\_\_

Did your water break on its own?    Yes    No

When did your water break?                      Before Labor                      During Labor                      While Pushing

Were you given Pitocin to move your labor along? \_\_\_\_\_ If YES, how far along were you during labor? \_\_\_\_\_

Did you have an epidural? \_\_\_\_\_ If YES, how far along were you during labor? \_\_\_\_\_

Did you have any pain medication?    Yes    No                      If YES, what kind? \_\_\_\_\_

How long was your labor? \_\_\_\_\_ For a vaginal birth, how long did you push? \_\_\_\_\_

Did you have a(n):    Episiotomy    Tear    Neither                      What degree was the tear? 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup>

If yes, did you need stitches?    Yes    No

Was forceps or a vacuum used? \_\_\_\_\_ If yes, which? \_\_\_\_\_ Why? \_\_\_\_\_

Were there any complications? \_\_\_\_\_ If YES, describe: \_\_\_\_\_

If you had a cesarean birth, why did you have one? \_\_\_\_\_

How was your physical healing after the birth? \_\_\_\_\_

Did you have baby blues or postpartum depression after this birth? \_\_\_\_\_

Did you breastfeed?    Yes    No    How long? \_\_\_\_\_ Did you have difficulty?    Yes    No    If yes, describe: \_\_\_\_\_

How did you feel about this birth? \_\_\_\_\_

What did you like most about it? \_\_\_\_\_

What would you like to be different with your upcoming birth? \_\_\_\_\_

Additional Notes: \_\_\_\_\_